

Fishburne Military School (FMS)
Michael's Ride Registration

Name _____
Address _____
City _____ State _____ Zip _____
E-mail: _____ T-shirt size: S / M / L / XL
Phone Number: _____
Tour distance: 40 miles _____ 60 miles _____ 100 miles _____
Cost: \$35 per person or free with guarantee to raise \$100.00 in donations: \$ _____
Make checks payable to Fishburne Military School
If Alumni, class year: _____

Hold Harmless Agreement and Release

I, _____ the undersigned, consent to participate in *Michael's Ride* and understand and recognize that I am doing so at my own risk and that I am responsible for my own well being and the well being of the other participants during these activities. I declare that I recognize and agree to adhere to all guidelines and/or rules established by FMS concerning my participation in this event, and that my participation is entirely voluntary.

I fully understand and appreciate the potential dangers, hazards and /or risks, directly and or indirectly inherent in participating in cycling activities, which could include the loss of life, serious damage to my health, or loss of property. I certify that I do not have any impairment that may limit or prevent me from safely participating in cycling activities. I also certify that I have inspected my bicycle for this event and I know it to be in reasonably good and safe condition and that I shall wear a CPSC, ASTM F1447 or SNELL approved helmet.

I understand that any FMS personnel or agents also participating in this activity are not medically trained to care for any physical or medical problems that occur during this activity. I further understand that the FMS does not carry liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the Fishburne Military School that I have adequate medical and hospitalization insurance for any injuries that may result from my participating in *Michael's Ride* and the necessary cycling skills to safely participate.

NOW, THEREFORE, in consideration for being allowed to participate in *Michael's Ride* at the Fishburne Military School at my own risk and I agree to hold Fishburne Military School, the supervisor(s) and administration of Fishburne Military School, its Board of Trustees, agents, officers, employees, subsidiaries and assigns harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation, even if due to the negligence of Fishburne Military School or any person serving in any capacity related to *Michael's Ride*.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the Terms and Conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

Participant Signature _____

Date: _____

Emergency Contact name and phone number: